

BALTIMORE CITY ETHICS BOARD

626 City Hall

Baltimore, Maryland 21202

Phone: 410-396-4730 Fax: 410-396-8483

<http://www.baltimorecity.gov/Government/BoardsandCommissions/EthicsBoard.aspx>

LATE FEE: \$2/DAY

**IMPORTANT:
CAREFULLY READ
ACCOMPANYING DIRECTIONS**

**FINANCIAL DISCLOSURE STATEMENT
FOR
OFFICIALS AND EMPLOYEES GENERALLY**

NOTE: *Bold-italicized terms* are defined in the accompanying Financial Disclosure Directions, which should be reviewed carefully before completing this Statement.

PART A. IDENTITY OF STATEMENT MAKER

All filers:

Last Name RAWLINGS - BLAKE First and Middle Names STEPHANIE COLE

Principal Residence 22 [REDACTED] FOXRANE SQ
[REDACTED] BALTIMORE MD 21209

Residence Telephone [REDACTED]

All filers *except* candidates for elected office:

Agency (Dep't, Division, Bureau) _____

Position with Agency _____

Office Address _____

Office Telephone () _____ Email Address: _____

Candidates for elected office:

Office Sought _____

PART B. TYPE OF STATEMENT/REPORTING PERIOD COVERED

All filers must check the applicable type of Statement and specify the year for which it is filed:

☒ Annual Statement ☐ Entry Statement ☐ Departure Statement ☐ Candidate's Statement

For Calendar Year 2011.

Persons filing a Departure Statement must also complete the following {see *Directions at Part III(c)(2)*}:

This Statement also covers the period of January 1, 20__ through ____, 20__.

PART C. RECEIPT BY ETHICS BOARD

NOTE: To be completed only by Ethics Board.

This Statement and accompanying Schedules were received for filing on 4/30, 2012
[Signature]
For Board of Ethics

PART D. DISCLOSURES

1. INTERESTS IN REAL PROPERTY

During the **reporting period** covered by this Statement, did any of the following have any **interest** in any real property (including property purchased or leased as your or their personal residence), whether located in or outside Baltimore City?

If you answer "yes" to any of these, complete and attach **Schedule 1**.

a. You

☒ Yes ☐ No

b. A **family member** (if you directly or indirectly controlled that **family member's interest**)

☐ Yes ☒ No

c. An **attributable entity**

☐ Yes ☒ No

d. A partnership, limited liability partnership, limited liability company, or other unincorporated entity in which you, a **family member** (if you directly or indirectly controlled that **family member's interest**), or an **attributable entity** held an interest

☐ Yes ☒ No

2. INTERESTS IN BUSINESS ENTITIES

During the **reporting period** covered by this Statement, did any of the following have any **interest** in any **business entity**?

If you answer "yes" to any of these, complete and attach **Schedule 2**.

a. You

☐ Yes ☒ No

b. A **family member** (if you directly or indirectly controlled that **family member's interest**)

☐ Yes ☒ No

c. An **attributable entity**

☐ Yes ☒ No

3. POSITIONS WITH *BUSINESS ENTITIES DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, did any of the following hold an office, directorship, salaried employment, or similar position with any *business entity* that does *business with the City* {or is regulated by or lobbies before the *City*}?

If you answer "yes" to any of these, complete and attach **Schedule 3**.

a. You

☐ Yes ☒ No

b. Your spouse or child

☒ Yes ☐ No

c. Your parent or sibling (to the extent known to you)

☐ Yes ☒ No

4. GIFTS (INCLUDING TRAVEL EXPENSES) FROM *PERSONS DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, did any of the following accept, directly or indirectly, any *significant gift* (including payment of travel expenses) from any *person* that (i) does *business with the City* {or is regulated by or lobbies before the *City*} or (ii) is an owner, partner, officer, director, trustee, employee, or agent of any *person* that does *business with the City* {or that is regulated by or lobbies before the *City*}?

If you answer "yes" to any of these, complete and attach **Schedule 4**.

a. You

☒ Yes ☐ No

b. A *family member* or other *person* at your direction

☐ Yes ☒ No

5. DEBTS TO *PERSONS DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, were any of the following indebted to any *person* that does *business with the City* {or is regulated by or lobbies before the *City*}?

Note: The following debts need not be reported: (i) utility accounts (e.g., telephone, gas, or electric accounts); or (ii) retail credit or installment sales accounts (e.g., credit card purchases or advances; car or appliance financing through dealer or established lender).

If you answer "yes" to any of these, complete and attach **Schedule 5**.

a. You

☐ Yes ☒ No

b. A *family member* (if you were involved in the transaction giving rise to the debt)

☐ Yes ☒ No

6. FAMILY MEMBERS EMPLOYED BY CITY

During the *reporting period* covered by this Statement, were any of the following employed by the *City*?

If you answer "yes" to any of these, complete and attach **Schedule 6**.

a. Your spouse or child

☐ Yes ☒ No

b. Your parent or sibling

☐ Yes ☒ No

7. OTHER SOURCES OF EARNED INCOME

During the *reporting period* covered by this Statement, were any of the following (i) a compensated employee of someone other than the *City*; (ii) an owner (sole or partial) of a *business entity*; or (iii) a recipient of earned income from a *business entity*?

If you answer "yes" to any of these, complete and attach **Schedule 7**.

a. You

☐ Yes ☒ No

b. Your spouse or child

☒ Yes ☐ No

8. ADDITIONAL INFORMATION


Is there any other interest or information that you would like to disclose?

If you answer "yes", complete and attach **Schedule 8**.

☐ Yes ☒ No

PART E. SIGNATURE AND AFFIRMATION

I, STEPHANIE RAWLINGS-BLAKE, solemnly affirm under the penalties of perjury that the contents of this Statement and of all accompanying Schedules are true to the best of my knowledge, information, and belief.

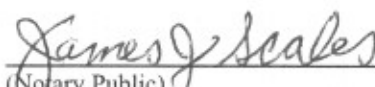

(Signature)

PART F. NOTARIZATION

STATE OF MARYLAND
(CITY) COUNTY OF Baltimore

I CERTIFY that, on this 30th day of April, 2012, before me, a Notary Public in and for the City/County of Baltimore, personally appeared Stephanie Rawlings-Blake who acknowledged that this Statement, the accompanying Schedules, and the preceding Affirmation were all his/her act.

AS WITNESS, my hand and Notarial Seal:


(Notary Public)

My Commission Expires: 07/15/2013

SCHEDULE I
INTERESTS IN REAL PROPERTY

NOTE: For more than one property,
make additional copies of this Schedule.

1. LOCATION AND TYPE OF PROPERTY

Address or Legal Description: 2 [REDACTED] FOXBANE SQ
BALTO., MD 21209

Type of Property:

☐ Improved ☐ Unimproved
☒ Residential ☐ Commercial

Other (explain): _____

2. HOLDER OF INTEREST

Name: _____

Relationship to Statement Maker:

☒ Self ☐ Spouse ☐ Child ☐ Parent ☐ Sibling ☐ *Attributable Entity*
☐ Unincorporated entity in which one of above held an *interest*

Address: _____

3. NATURE OF INTEREST

Type of *interest*:

☒ Fee simple ☐ Life Estate ☐ Leasehold Other (explain): _____

How held:

☒ Solely held ☐ Jointly held*

*If jointly held, state % of interest: _____

4. OTHERS WITH *INTEREST* IN PROPERTY

Name: EASTERN SAVINGS BANK
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

5. CONDITIONS OR ENCUMBRANCES ON *INTEREST*

Describe the terms of any conditions or encumbrances on the *interest* and identify all parties involved:

MORTGAGE HOLDER

6. HOW *INTEREST* ACQUIRED

Person From Whom *Interest* Acquired:

Name: PHIL HOLMES & PHYLLIS GOLDBERG
Address: _____

Date Acquired: 3/97

Manner of Acquisition:

☒ Purchase ☐ Gift ☐ Inheritance

Other (explain): _____

If Acquired by Purchase:

Nature and dollar amount (or value) of consideration paid for *interest*: APPROX \$ 75K

If Acquired Other Than by Purchase:

Fair market value of *interest* when acquired: \$ _____

7. TRANSFERS

If all or any part of the *interest* was transferred to another during the period covered by the Statement –

Person to Whom Interest Transferred:

Name: N/A

Address: _____

Nature and amount of the *interest* transferred: _____

Nature and dollar amount (or value) of consideration received for the *interest*: _____

{PAGE LEFT INTENTIONALLY BLANK}

SCHEDULE 2
INTERESTS IN BUSINESS ENTITIES

NOTE: For more than one *business entity*,
make additional copies of this Schedule.

1. IDENTITY OF BUSINESS ENTITY

Name: N/A
Address of Principal Office: _____

2. HOLDER OF INTEREST

Name: _____
Relationship to Statement Maker:
____ Self ____ Spouse ____ Child ____ Parent ____ Sibling ____ *Attributable Entity*
Address: _____

3. NATURE AND AMOUNT OF INTEREST

Type of *interest*:

____ Sole proprietor ____ General Partner ____ Limited Partner ____ Joint Venturer
____ Trust Beneficiary ____ Trustor ____ Reversionary Trust Interest
____ Stockholder ____ Other (explain): _____

Amount of *interest*:

For a non-equity *interest* (e.g., notes or bonds) in any *business entity*, indicate –
dollar value of the *interest* : \$ _____

For an equity *interest* in a publicly traded corporation, specify *either* –
dollar value of the *interest* : \$ _____ *or*
number of shares owned: _____

For an equity *interest* in a non-publicly traded corporation or other *business entity*, specify –

either –

dollar value of the *interest*: \$ _____ *or*

both –

number of shares/ownership units owned: _____ *and*

percentage of company ownership represented by the *interest*: _____%

4. CONDITIONS OR ENCUMBRANCES

Describe the terms of any conditions or encumbrances on the *interest* and identify all parties involved:

5. HOW *INTEREST* ACQUIRED

Note: Complete the following if the *interest* was acquired during the period covered by this Statement.

{*Exception:* If the *interest* (i) was acquired by dividend, (ii) consists solely of additions to existing publicly corporate interests, and (iii) has a value of less than \$500, you need only complete the item below labeled "Manner of Acquisition".}

Person From Whom *Interest* Acquired:

Name: _____
Address: _____

Date Acquired: _____

Manner of Acquisition:

___ Purchase ___ Gift ___ Inheritance

Other (explain): _____

If Acquired by Purchase:

Nature and dollar amount (or value) of consideration paid for *interest*: _____

If Acquired Other Than by Purchase:

Fair market value of *interest* when acquired: \$ _____.

6. TRANSFERS

If all or any part of the *interest* was transferred to another during the period covered by the Statement –

Person to Whom *Interest* Transferred:

Name: _____

Address: _____

Nature and amount of the *interest* transferred: _____

Nature and dollar amount (or value) of consideration received for the *interest*: _____

{PAGE LEFT INTENTIONALLY BLANK}

SCHEDULE 3
POSITIONS WITH *BUSINESS ENTITIES* DOING *BUSINESS WITH CITY*

**NOTE: For more than one *business entity* or more than one position holder,
make additional copies of this Schedule.**

1. IDENTITY OF *BUSINESS ENTITY*

Name: N/A
Address of Principal Office: _____

2. HOLDER OF POSITION

Name: _____
Relationship to Statement Maker:
 ___ Self ___ Spouse ___ Child ___ Parent ___ Sibling
Address: _____

3. NATURE OF POSITION

Title: _____
Date Started: _____
General Duties: _____

4. AGENCIES WITH WHICH *BUSINESS ENTITY* DOES BUSINESS

Identify each agency of the *City* with which *business entity* does business and, as to each, the nature of that business (specifying, at a minimum, whether the *business entity* (i) is involved in sales or contracts with the agency; (ii) is regulated by the agency; or (ii) is a lobbyist with respect to matters before the agency):

{PAGE LEFT INTENTIONALLY BLANK}

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each significant gift or series of gifts from the same person or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: The U.S. Conference of Mayors
Address: Tom Cochran, CEO & Executive Director
1620 Eye Street, Northwest
Washington, DC 20006

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Hollicay Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Crystal Shooting Star paperweight w/ebonzd base and engraved plaque - EVENT

Retail value when received: \$ 500.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Rev. Dr. Lester R.J. McCorn, Senior Pastor
Address: Pennsylvania Avenue AME Zion Church
1128 Pennsylvania Avenue
Baltimore, MD 21213

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Gift Basket of assortment of stationary , Godiva Coffet, etc.

Retail value when received: \$ 75.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of gifts from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Andria Washington, Requestor for Event
Address: Port Discovery
35 Market Place
Baltimore, MD 21202

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Mayor was given: An apron, pot holder and a candy dish @ the "Good to Grow" EVENT

Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of gifts from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: The Omega Psi Phi Annual Mardi Gras
Address: Alan Taylor
2003 Presbury Street
Baltimore, MD 21217

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____
☒ Self ☐ *Family member* or other *person*, at your direction
Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: 1 Ticket to Omega Psi Phi Mardi Gras EVENT on February 12, 2011
Retail value when received: \$ \$85.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____
Nature of Event: _____
Fair Market Value of Entire Trip: \$ _____
Amount Paid for by You: \$ _____
Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Gay Vietzke, Superintendent
Address: Fort McHenry National Monument and Historic Shrine
2400 East Fort Avenue
Baltimore, Maryland 21230-5393

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Mayor was given a handcrafted fountain pen "pen is made from the wood of the flagpole which flew the Star Spangled Banner flag at Fort McHenry " from 1989 until 2009

Retail value when received: \$ 100.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of gifts from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: The Kappa Vegas Night
Address: Eric Booker
4903 Liberty Heights Avenue
Baltimore, MD 21207

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: 3 Tickets to the Kappa Alpha Psi Vegas Night EVENT on March 4, 2011

Retail value when received: \$ 100.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Lee Corrigan, President
Address: Corrigan Sports Enterprises
6725 Santa Barbara Court, Suite 104
Elkridge, MD 21075

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A Plaque and a picture album of the Under Armour Balto. Marathon 2010, 10th Anniversary
EVENT taken place October 16, 2010

Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each significant gift or series of gifts from the same person or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Barbara Holt Streeter, Manager, External Affairs
Address: DHCD - Maryland Department of Housing and Community Development
Office of the Secretary, 100 Community Place
Crownsville, MD 21032

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Vase of Red Roses and a Large Frame w/the Certificate of Appreciation, for participating in the Celebration of Woman's History Month Event.

Retail value when received: \$ 100.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each significant gift or series of gifts from the same person or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: J. Scott Plank, Senior Vice President - Retail
Address: Under Armour Inc.
The Tide Point, 1020 Hull Street
Baltimore, MD 21230

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____
☒ Self ☐ *Family member* or other *person*, at your direction
Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: 1 Ticket to 20th Annual Great Chefs' Dinner hosted by The Family Tree

Retail value when received: \$ 100.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Roberta Rubin, Senior Vice President & Walter Janokowicz, Regional Vice President
Address: FABER (News, Gifts, Books, Café)
550 Meadowlands Parkway
Secaucus, NJ 07094

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Mayor given a gift bag at the Grand Opening of: "Java Moon Restaurant" @ Penn Station

Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Robert L. Bogomolny, President
Address: University of Baltimore, Office of the President
1420 N. Charles Street
Baltimore, MD 21201

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A small desktop clock and a silver note pad holder with a pen. "Mayor was the keynote speaker at the commencement ceremony May 5, 2011" EVENT

Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Mr. Stephen B. Phillips, CEO & Mr. Dean E. Flowers, Exec. V.P.
Address: Phillips Foods, Inc. & Seafood Restaurants
1215 E. Fort Avenue
Baltimore, Maryland 21230

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Mayor had Lunch, was also given a box of assortment of foods to take home

Retail value when received: \$ 100.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Hong Chengzong, Director General

Address: The Foreign Affairs Office of Xiamen Municipal People's Government

2-4F Tuanjie Building, 16 Bailuzhou Lu

Xiamen, Fujian 361004, P.R. China

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street

City Hall, Room 250

Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Gift to Mayor during their visit to City Hall, a miniature Faberge' Egg w/stand and a ceramic ivory wash finish statuette of a girl sitting on a globe.

Retail value when received: \$ 75.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Consular Agency of the United States of America
Address: The Honorable Anna Maria Saiano,
Via Dante, 2 43 - 3' Floor
16121 Genova, Italy

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Mayor was given a scarf, a key chain and a plaque at a Ceremony for Columbus Day - The
Colubus Piazza - President Street - EVENT

Retail value when received: \$ 60.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Under Armour Baltimore Running Festival
Address: Lee Corrigan
6725 Santa Barbara Court, Suite 104
Elkridge, MD 21075

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A pair of Running Shoes, T-Shirt, Longsleeve T-Shirt and a Jacket - EVENT

Retail value when received: \$ 360.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Howard L. Perlow, Exec. Vice President
Address: Residential Title & Escrow Company
100 Painters Mill Road, Suite 200
Owings Mills, MD 21117

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A large pictured frame with a picture of the Mayor and her dog

Retail value when received: \$ 50.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Karen Carter Peterson, Senator
Address: Louisiana Senate, District 5
1215 Prytania Street, Suite 364
New Orleans, Louisiana 70130

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Handel's Bakery - World Record King Cake Package
Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: James Tucker, Speaker, Louisiana House of Representatives
Address: Louisiana State Capitol
P.O. Box 94062
Baton Rouge, LA 70804

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: One small Kingcake with Mardi Gras! theme bag, stuffed w/beads, poster, feather mask and kings crown

Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each *significant gift* or series of *gifts* from the same *person* or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Stan Frankethaler, Executive Chef
Address: Dunkin Donuts, Inc.
130 Royall Street
Canton, MA 02021

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Mayor was given 2 DUNKIN' DONUTS Gift Cards @ \$25.00 Each
Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Frank Remesch, General Manager
Address: 1st Mariner Arena
201 W. Baltimore Street
Baltimore, MD 21201

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Vase of Roses for Mayor's Birthday - GIFT

Retail value when received: \$ 75.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Sean D. Burns, Esquire
Address: 6725 Fox Meadow Road
Baltimore, MD 21207

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Vase with floral arrangement for Mayor's Birthday - Gift

Retail value when received: \$ 75.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each significant gift or series of gifts from the same person or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Edward L. Dopkin
Address: The Classic Catering People
99 Painters Mill Road
Owens Mills, MD 21117

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: 2 Rainbow Cakes for Mayor's Birthday

Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each significant gift or series of gifts from the same person or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Bernard C. "Jack" Young, President of the City Council
Address: 100 N. Holliday Street
City Hall, Room 400
Baltimore, MD 21202

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: One Gift Card to Starbucks - GIFT

Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Diane Macklin
Address: Compliments of Downtown Diane

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____
☒ Self ☐ *Family member* or other *person*, at your direction
Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Gift Certificate to REDZONE ADVENTURES \$50 Credit
Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____
Nature of Event: _____
Fair Market Value of Entire Trip: \$ _____
Amount Paid for by You: \$ _____
Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Lucinda Crabtree
Address: USCM Business Council
200 Park Avenue
Falls Church, VA 22046

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: One Extra Large Vase with a Froral arrangement
Retail value when received: \$ 200.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of gifts from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: John Warnack, General Manager
Address: THE CENTER CLUB
100 Light Street, 16th Floor
Baltimore, MD 21202

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: a large vase with mixed floral arrangement
Retail value when received: \$ 75.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Marilynn Brantley
Address: BMORE 95 NORTH
4016 Elmora Avenue
Baltimore, MD 21213

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: 4 Bmore logo Caps @ \$20.00 each - for winning primary Election

Retail value when received: \$ 80.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Sean D. Burns, Esquire
Address: 414 Water Street
Unit 1914
Baltimore, MD 21202

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A large vase w/beautiful fall flowers - for winning primary election
Retail value when received: \$ 100.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Dominic and Victoria Petrucci
Address: 236 S. Highland Avenue
Baltimore, MD 21224

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A vase w/floral arrangement - for winning primary election

Retail value when received: \$ 55.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Edward Hitchcock
Address: 1040 Deer Ridge Drive # 413
Baltimore, Maryland 21210

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A large vase with all white floral arrangement - for winning primary election

Retail value when received: \$ 100.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Stu FitzGibbon, Refinery Manager
Address: American Sugar Refining, Inc. (Domino Brands)
1100 Key Highway, East
Baltimore, Maryland 21230

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A large vase with fall floral arrangement - for winning primary election
Retail value when received: \$ 100.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each significant gift or series of gifts from the same person or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Michael E. Bush, Speaker of the House

Address: H - 101 State House

Annapolis, Maryland 21401-1991

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street

City Hall, Room 250

Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A large vase with floral arrangement - for winning the primary election

Retail value when received: \$ \$75.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip:

\$ _____

Amount Paid for by You:

\$ _____

Amount Paid for by *Person* Identified in Section 1:

\$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Desmond G. Hague, President and CEO
Address: Centerplate
2187 Atlantic Street
Stamford, CT 06902

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A vase with a fall floral arrangement - congratulating Mayor on her Primary election win
Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Sean D. Burns, Esquire, Chairman & CEO

Address: The Clarence H. "Du" Burns Memorial Fund, Inc.

P.O. Box 13032

Baltimore, MD 21203-3032

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self

☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street

City Hall, Room 250

Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A large plaque with Sun paper articles on Mayor's primary election win

Retail value when received: \$ 75.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip:

\$ _____

Amount Paid for by You:

\$ _____

Amount Paid for by *Person* Identified in Section 1:

\$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Sean D. Burns, Esquire
Address: 414 Walter Street
Unit 1914
Baltimore, MD 21202

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A tropical floral arrangement for winning General election - GIFT

Retail value when received: \$ 85.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Eddie Wingrat, President, General Manager and Mark Wingrat, Partner
Address: Flowers & Fancies Floral Decorators
11404 Cronridge Drive
Owings Mills, MD 21117

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A large floral arrangement -Congratulating Mayor on General Election win -GIFT

Retail value when received: \$ 100.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Linda Westgate, General Manager
Address: Hilton Baltimore
401 West Pratt Street
Baltimore, MD 21201

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: A Square Glass Vase Foral Arrangement Congratulations on your Continued Success - GIFT

Retail value when received: \$ 50.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of gifts from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Paul Wockenfuss, President
Address: Wockenfuss Candy Company, Inc.
5414 Belair Road
Baltimore, MD 21206

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Mayor received Wockenfuss chocolates and candies from Wockenfuss family - GIFT
Retail value when received: \$ 50.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Henry A. Rosenberg, Jr.
Address: One North Charles Street
22nd Floor
Baltimore, MD 21201

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: GIFT - Mayor was given a Joe Sheppard's sketch "of Brooks Robinson's statue" which was signed individually by both Joe Sheppard and Brooks REobinson for the mayor.

Retail value when received: \$ 100.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Mr. Arthur C. Robinson, CEO
Address: Full Circle Solutions, Inc.
15 Charles Plaza, South Tower # 101
Baltimore, MD 21201

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Received a vase of flowers, Congratulations on Mayor's swearing in as the 49th Mayor of Baltimore City.

Retail value when received: \$ 75.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each significant gift or series of gifts from the same person or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Rev. Harrold A. Carter, Sr. & Rev. Harold Carter, Jr.
Address: New Shilon Baptist Church
2100 N. Monroe Street
Baltimore, Maryland 21217

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____
☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Mayor was given Bon Vivant Gourmet Basket, Congratulation on becoming the 49th Mayor of Baltimore City

Retail value when received: \$ 150.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Shina Parker, Owner & CEO & Monzella Owings, President & COO
Address: Integrity Title & Escrow Company
Hooks Village Center, 25 Hooks Lane, Suite 310
Baltimore, MD 21208

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake

Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Mayor received a Vase with 2 dozen roses, Congratulation on becoming the 49th Mayor

Retail value when received: \$ 150.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

**NOTE: Provide the following information for
each significant gift or series of gifts from the same person or entity.
If needed, make additional copies of this Schedule.**

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: Domenic & Victoria Petrucci and Family
Address: 236 S. Highland Avenue
Baltimore, MD 21224

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____

☒ Self ☐ *Family member* or other *person*, at your direction

Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: Mayor received a Large Poinsetta, "Happy Holiday Season" GIFT

Retail value when received: \$ 50.00

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or
other associated expenses, provide the following information for that trip:

Location: _____

Nature of Event: _____

Fair Market Value of Entire Trip: \$ _____

Amount Paid for by You: \$ _____

Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for each *significant gift* or series of *gifts* from the same *person* or entity. If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly, the *significant gift* was given.

Name: Mr. John Paterakis Sr.
Address: H & S Bakery
601 S. Caroline Street
Baltimore, MD 21231

2. RECIPIENT OF GIFT

Name: Mayor Stephanie Rawlings-Blake
Relationship to Statement Maker: _____
☒ Self ☐ *Family member* or other *person*, at your direction
Address: 100 N. Holliday Street
City Hall, Room 250
Baltimore, MD 21202

3. NATURE OF GIFT

Describe *gift*: GIFT - for Christmas - mailed to Mayor's residence
Retail value when received: \$ 75.00 plus

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____
Nature of Event: _____
Fair Market Value of Entire Trip: \$ _____
Amount Paid for by You: \$ _____
Amount Paid for by *Person* Identified in Section 1: \$ _____

SCHEDULE 5
DEBTS TO PERSONS DOING BUSINESS WITH CITY

NOTE: For more than one person doing business with the City,
make additional copies of this Schedule.

1. IDENTITY OF CREDITOR

Name: N/A

Address of Principal Office: _____

2. DEBTOR

Name: _____

Relationship to Statement Maker:

☐ Self ☐ Spouse* ☐ Child* ☐ Parent* ☐ Sibling*

Address: _____

*Describe your involvement in transaction: _____

3. DESCRIPTION OF DEBT

Date Incurred: _____

Terms of Payment:

\$ _____ per

☐ Month ☐ Quarter ☐ Year

☐ Other (explain): _____

for _____ (number)

☐ Months ☐ Quarters ☐ Years

☐ Other (explain): _____

4. SECURITY FOR DEBT

___ None

___ Real Property (address): _____

___ Personal Property (describe): _____

___ Other (explain): _____

5. PRINCIPAL BALANCE

At start of *reporting period*: \$ _____

At end of *reporting period*: \$ _____

SCHEDULE 6
FAMILY MEMBERS EMPLOYED BY CITY

1. SPOUSE

Name: N/A
Address: _____

Name of Agency: _____
Title and Nature of Position: _____

2. CHILD

Name: N/A
Address: _____

Name of Agency: _____
Title and Nature of Position: _____

3. PARENT

Name: N/A
Address: _____

Name of Agency: _____
Title and Nature of Position: _____

4. SIBLING

Name: N/A
Address: _____

Name of Agency: _____
Title and Nature of Position: _____

{PAGE LEFT INTENTIONALLY BLANK}

SCHEDULE 7
OTHER SOURCES OF EARNED INCOME

1. STATEMENT MAKER

Name of Statement Maker: N/A

Business Entity's Name and Address: _____

Title and Nature of Position: _____

2. SPOUSE

Name of Spouse: KENT BLAKE

Business Entity's Name and Address: JOHNS HOPKINS Mt Washington Pediatric Hosp.
DAVIS BUILDING CIRCLE MT WASHINGTON CIRCLE
BALTIMORE, MD 21209

Title and Nature of Position: INFORMATION TECH, COMPUTER SERVICES

3. CHILD

Name of Child: N/A

Business Entity's Name and Address: _____

Title and Nature of Position: _____

4. CHILD

Name of Child: N/A

Business Entity's Name and Address: _____

Title and Nature of Position: _____

5. CHILD

Name of Child: N/A

Business Entity's Name and Address: _____

Title and Nature of Position: _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100